

Sub-Strategy Detail
TUBERCULOSIS SURVEILLANCE & PREVENTION

Agency Code:	Agency Name:	Prepared By:	Statewide Goal Code:	Strategy Code:
501	Texas Department of Health		03	01-03-03
GOAL:	01			
OBJECTIVE:	03			
STRATEGY:	03 Preventable Diseases			
SUB-STRATEGY:	08 Tuberculosis Surveillance & Prevention			
CODE DESCRIPTION	EXPENDED FY 2000	EXPENDED FY 2001	BUDGETED FY 2002	
OBJECTS OF EXPENSE:				
1001 Salaries and Wages	4,861,134	4,764,582	4,741,178	
1002 Other Personnel Costs	14,148	137,604	21,984	
1502 Capital - Other Personnel Costs	0	0	0	
2000 Operating Costs	4,033,088	4,020,425	3,817,345	
3000 Client Services	517,836	476,729	517,715	
4000 Grants	9,321,926	9,973,219	9,494,738	
5000 Capital Expenditures	140,998	20,580	392,388	
TOTAL, OBJECTS OF EXPENSE	18,889,130	19,393,139	18,985,348	
METHOD OF FINANCING:				
001 General Revenue	11,938,061	12,650,399	12,331,844	
524 GR Account - Department of Health Public Health Services	33,008	31,780	0	
555 Federal Funds:				
CFDA #16.594, Tuberculosis Prevention, Diagnosis, & Treatment	4,852	0	0	
CFDA #93.000.021, Refugee Health Screening/Refugee Medical Assistance	909,006	0	1,261,371	
CFDA #93.116, Project Grants and Cooperative Agreements (Tuberculosis Control Program)	5,594,095	5,079,803	5,104,273	
CFDA #93.215, Hansen's Disease National Ambulatory Care Program	186	1,248	1,800	
CFDA #93.566, Refugee and Entrant Assistance: State	0	1,116,696	0	
CFDA #93.576, Refugee Health Program	192,205	132,549	186,060	
CFDA #93.576.001, Refugee Language Services Contract	192,574	355,740	100,000	
CFDA #93.947, TB Epidemiologic and Operational Research	0	2,675	0	
Subtotal, Federal Funds	6,892,918	6,688,711	6,653,504	
006 State Highway Fund No. 006				
709 Appropriated Receipts, Medicaid Reimbursements	25,143	22,249	0	
Subtotal, Other Funds	25,143	22,249	0	

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FULL-TIME EQUIVALENT POSITIONS		143.3	140.5	139.8

Sub-strategy Description and Justification:

The TB control and elimination activities operate under the authority of the Health and Safety code chapters 13, 81 and 89. Current strategies include finding cases of active tuberculosis plus those who have latent TB infection and providing appropriate treatment to prevent further spread of the disease. Since 1994, the peak of the recent tuberculosis epidemic in Texas, morbidity has decreased over 33%. Decreases have occurred primarily among Texas residents who were born in the United States. To further decrease disease incidence, increased emphasis will be placed upon finding latent infection among the foreign-born. This requires TB control programs to bridge cultural and language differences and to work with community organizations that serve these populations. Other groups at a high risk for infection or disease are also targeted for increased services such as the homeless, those infected with HIV, and incarcerated individuals. Finally the program is to assure service availability for the care of treatment of individuals who have tuberculosis disease or infection. This includes improving inpatient care, accommodating quarantine measures, managing drug resistance, and providing services in rural areas where public health service availability is minimal. The program must implement services that follow a continuum of care in a period when managed care is increasingly becoming a factor in the care of TB patients.

External/Internal Factors Impacting Sub-strategy:

While progress has been made, the TB epidemic must be addressed in a number of ways to achieve complete eradication. Surveillance activities for high-risk populations must be improved. Control measures for at-risk populations must be refined, with special attention being paid to meeting the challenges posed by cultural and language differences. Education and awareness must be improved for all populations with an emphasis on those at higher risk. Contact investigations must be extensive and complete, and preventive measures must be emphasized as a critical factor in the control of TB. Finally, patients started on TB treatment must complete their treatment in order to prevent development and propagation of drug resistant TB. Directly observed therapy must become the hallmark for managing TB patients across the State.